

N18000007486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

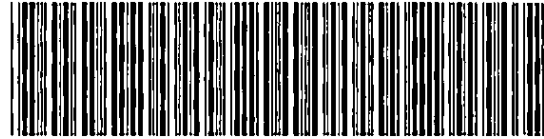
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D FRUCE  
OCT 27 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CS Realty (GA), LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

*address  
change only*

Please return all correspondence concerning this matter to the following:

Lainie J. Simon, Esq.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

14 SE 4th St, #36

\_\_\_\_\_  
Address

Boca Raton, FL 33432

\_\_\_\_\_  
City/State and Zip Code

chargreaves@seligenterprises.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

RECEIVED  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
 2018 OCT 17 PM 3:04  
**FILED**

For further information concerning this matter, please call:

Lainie J Simon

561

4451361

\_\_\_\_\_  
at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: CS Realty (GA) LLC

2. (a) 1100 Spring Street, NW  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Suite 550  
Atlanta, GA 30309

(b) \_\_\_\_\_  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
\_\_\_\_\_  
\_\_\_\_\_

3. 08/16/18 Date of filing/registration in Florida  
4. M18000007486 Document number

5. (a) Lainie J Simon  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
185 NW Spanish River Blvd, Suite 220  
Boca Raton, FL 33431

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
14 SE 4th Street, #36  
NEW Registered Office Address:  
\_\_\_\_\_  
Boca Raton, FL 33432

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 DEPT. OF REVENUE, STATE  
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Kenneth Clayman  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Lainie J Simon  
Signature of Registered Agent